

251873

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2014 - 344 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Shoreline Medical TransportTelephone: 843 645 9191Address: 452 Browns Cove Rd. Ste BFax: 843 645 9198Ridgeland SC 29936

Other: \_\_\_\_\_

Email: slot@shorelinemed.1altransport.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☒ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other: \_\_\_\_\_

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
 101 Executive Center Drive, Suite 100  
 Columbia, South Carolina 29210  
 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
 OPERATION OF MOTOR VEHICLE CARRIER**

**CLASS C - NON-EMERGENCY**

Date: 7/24/14

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Shoreline Medical Transport LLC, DBA Shoreline Medical Transport  
452 Browns Cove Rd. Ste. B Ridgeland SC 29936  
 Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843 645 9191  
 Phone

843 645 9198  
 Fax

scot@shorelinemedicaltransport.com  
 Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Scot Parsick - 49 Woodduck Rd. Hilton Head Island SC 29928  
Kenny Campbell - 1031 Otter Circle Beaufort SC 29902

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month July Year 2017

#### Assets:

Cash	<del>48,000</del> 15,000
Receivables	10,000
Real Estate	150,000
Buildings and Equipment (Net)	35,000
Motor Vehicles (Net)	200,000
Garage Equipment (Net)	N/A
Machinery and Tools (Net)	N/A
Supplies on Hand	10,000 <sup>00</sup>
Prepays and Other Assets	N/A
<b>Total Assets *</b>	<b>\$ 410,000</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	N/A
Notes Payable	19,000
Mortgages Payable	85,000
Equipment Obligations	N/A
Accrued Salaries and Wages	N/A
Other Accrued Obligations	
Other Liabilities	Ambulance 135,000
<b>Total Liabilities</b>	<b>\$ 239,000</b>
Capital Stock	—
Retained Earnings	—
<b>Total Equity</b>	
<b>Total Liabilities and Equity *</b>	<b>239,000</b>

\* Total Assets = Total Liabilities and Equity


## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$25 pick up & \$1 per mile each way.  
+ \$50 per hour wait fee.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg |   |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

most calls 

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver  
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Dodge	2001 3500 W	2B5WB35YK1K554952	4681 lbs.	Yes

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Shoreline Medical Transport

Name of Applicant

452 Browns Cove Road, Ridgeland, SC

29936

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 3,810.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	\$1,000,000
Medical Payments per Person	\$ 1,000	not quoted

**MARKEL INSURANCE COMPANY**

Name of Insurance Company

4600 Cox Road, Glen Allen, VA 23060

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7/24/14

Date

Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**Shoreline Medical Transport  
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

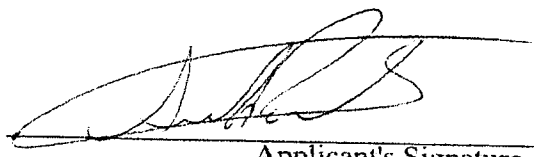
1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.  
  
☒ Yes                      ☐ No
  
2. Applicant understands that drivers must be in compliance with all OSHA regulations.  
  
☒ Yes                      ☐ No
  
3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.  
  
☒ Yes                      ☐ No
  
4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.  
  
☒ Yes                      ☐ No
  
5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.  
  
☒ Yes                      ☐ No
  
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.  
  
☒ Yes                      ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
 POST OFFICE DRAWER 11649  
 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

President

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF \_\_\_\_\_ )

SWORN TO BEFORE ME

This 24 day of July, 2014

Kendra Parsick  
 Notary Public

Commission Expires 6/10/2024





State of South Carolina  
Office of Regulatory Staff  
Transportation Department  
1401 Main St, Suite 900  
Columbia, SC 29201

FIRST CLASS MAIL  
US POSTAGE PAID  
COLUMBIA, S.C.  
PERMIT NO. 78

FORWARDING SERVICE REQUESTED

#### SCHEDULE OF FEES

The Gross Vehicle Weight (GVW) listed on the title and/or vehicle registration card is used to determine the fee for a license decal sticker.

License decal stickers may be purchased by submitting a business and/or personal check, money order, or certified/cashier check. CASH WILL NOT BE ACCEPTED.

GVW (Lbs)	Fee	GVW (Lbs)	Fee	GVW (Lbs)	Fee
2,000 or LESS	\$7.50	4,501 - 5,000	\$22.50	7,501 - 8,000	\$37.50
2,001 - 2,500	\$10.00	5,001 - 5,500	\$25.00	8,001 - 8,500	\$40.00
2,501 - 3,000	\$12.50	5,501 - 6,000	\$27.50	8,501 - 9,000	\$42.50
3,001 - 3,500	\$15.00	6,001 - 6,500	\$30.00	9,001 - 9,500	\$45.00
3,501 - 4,000	\$17.50	6,501 - 7,000	\$32.50	9,501 - 10,000	\$47.50
4,001 - 4,500	\$20.00	7,001 - 7,500	\$35.00	10,001 and greater	\$50.00

## APPLICATION FOR LICENSE DECAL

This is a license decal sticker renewal form. The law requires you to renew license decal stickers twice per year. You are renewing your license decal for:

2nd Half Enforcement Period ( July 1 - December 31 )

Failure to renew or register new Vehicles in order to obtain the appropriate decal sticker for this enforcement period could result in revocation of your operating certificate and a fine. The license decal stickers for each enforcement period are a different color.

The gross vehicle weight listed on the title and/or vehicle registration card is used to determine the fee for a license decal sticker. Please destroy old decal sticker(s) once you have secured the new decal sticker(s).

License decal stickers may be purchased by submitting a business and/or personal check, money order, or certified/cashier check. CASH WILL NOT BE ACCEPTED. You may send (1) money order or check for payment of the fees of multiple vehicles.

Complete and mail this form with the correct fee(s) to:  
SC Office of Regulatory Staff (ORS)  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, SC 29201

**THE DEADLINE FOR RENEWAL OF LICENSE DECAL STICKER(S) IS JUNE 15, 2014**

### APPLICATION FOR ORS LICENSE DECAL STICKER

#### INSTRUCTIONS:

1. Type or write plainly on the bottom of this form any changes or corrections (i.e. address changes, vehicle information changes, etc).
2. You are required to complete ALL portions of this form. Failure to do so will delay the issuance of a decal sticker.
3. Mail the completed application and applicable fees to SC Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201
4. You must be in compliance with all Public Service Commission and Office of Regulatory Staff requirements before any decal(s) will be issued by ORS.

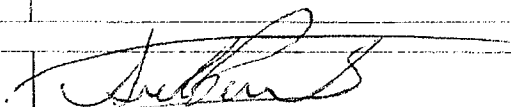
#### APPLICANT INFORMATION

Class	C NON EMERGENCY		
Certificate Holder	Shoreline Medical Transport		
Mailing Address	452 Browns Cove Rd. Ste. B Kidgeland SC 29936		
Physical Address if different from Mailing Address			
Telephone Number	843 645 9191		
E-Mail Address	Scot@shorelinemedicaltransport.com		
Owner of Vehicle	Shoreline Medical Transport LLC		

#### VEHICLE IDENTIFICATION

Make of Vehicle	Dodge	Number of Passengers (including driver)	1-8
Body Style and Vehicle Model	35W	License Plate #	
VIN Number (Last 6 digits)	-	Empty Vehicle Weight	4681 lbs
Year of Vehicle	2001	Fee Due	\$ 22.50
Enforcement Period	July 1, 2014 - December 31, 2014		
Maximum Fare/Charge			

Applicant's Signature



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

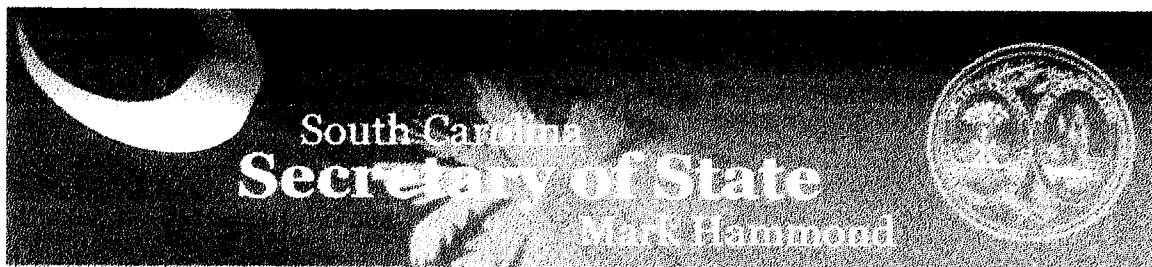
## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

SHORELINE MEDICAL TRANSPORT LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 18th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
8th day of August, 2014.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State



## SHORELINE MEDICAL TRANSPORT LLC

Note: This online database was last updated on 8/6/2014 5:02:11 PM.  
See our Disclaimer.

DOMESTIC / FOREIGN:	Domestic
STATUS:	Good Standing
STATE OF INCORPORATION / ORGANIZATION:	SOUTH CAROLINA Profit

### REGISTERED AGENT INFORMATION

REGISTERED AGENT NAME:	SCOT PARSICK
ADDRESS:	18 SANDY POINTE DR
CITY:	BLUFFTON
STATE:	SC
ZIP:	29910
SECOND ADDRESS:	
FILE DATE:	03/18/2011
EFFECTIVE DATE:	03/18/2011
DISSOLVED DATE:	//

### Corporation History Records

CODE	FILE DATE	COMMENT	Document
✱ Amendment	05/23/2011	SCBOS Filing: CHANGED NAME FROM-BOWERS OF THE LOWCOUNTRY LLC	✱
Domestic LLC	03/18/2011	SCBOS Filing: AT WILL	

Disclaimer: The South Carolina Secretary of State's Business Filings database is provided as a convenience to our customers to research information on business entities filed with our office. Updates are uploaded every 48 hours. Users are advised that the Secretary of State, the State of South Carolina or any agency, officer or employee of the State of South Carolina does not guarantee the accuracy, reliability or timeliness of such information, as it is the responsibility of the business entity to inform the Secretary of State of any updated information. While every effort is made to insure the reliability of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from this database does so at his own risk.

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

AUG 04 2014

*Mark Hammond*

SECRETARY OF STATE OF SOUTH CAROLINA

110318-0012

Filed: 3/18/2011

BOWERS OF THE LOWCOUNTRY LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION  
FOR A  
LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is BOWERS OF THE LOWCOUNTRY LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

18 SANDY POINTE DR

Street Address

BLUFFTON SC

City

299105868

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

SCOT PARSICK

Name

Electronically filed on SCBOS.  
Signature not required.

Signature

and the street address in South Carolina for this initial agent for service of process is

18 SANDY POINTE DR

Street Address

BLUFFTON SC

City

299105868

Zip Code

4. The name and address of each organizer is

a) SCOT PARSICK

Name

18 SANDY POINTE DR

Street

BLUFFTON

City

SC US

State

299105868

Zip Code

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:

BOWERS OF THE LOWCOUNTRY LLC

Name of Corporation

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:
7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer

Electronically filed on SCBOS.  
Refer to attached signature page.

Date 2011-03-18

**Signature Page Attachment to South Carolina Business One Stop  
(SCBOS) for the State of South Carolina Secretary of State**

This page must be completed, scanned, and submitted as an attachment when filing on SCBOS.

**Type of Filing:** ARTICLES OF ORGANIZATION (Limited Liability Company)

**As Of:** March 16, 2011 9:13 PM

**Name of Limited Liability Company:**

Bowers of The Lowcountry LLC

**Signature of Each Organizer:**

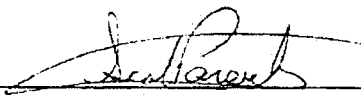
Scot Parsick

Name

Date

Signature

3/17/2011



Upload this completed signature page through  
SCBOS using one of the following file formats only:  
Adobe PDF, GIF, or JPEG. Do not mail, email or  
fax this document to the Secretary of State's office.





## Fax Sheet

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**To: Tricia**

**FAX # 803-896-5199**

**From: Dwayne Franks**

**Fax # 1-843-645-9198**

**Phone # 1-843-645-9191**

**Number of Pages: 2**

**Note: Per our conversation. The 2 pages requested from our Class C Non-Emergent Application.**

**Thank you very much for your time.**

**Best Regards,**

**Dwayne Franks**

**Shoreline Medical Transport**

**843-645-9191**

**IMPORTANT:** This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly